

USA PIV Card Action Form

Version 5.0 12.16.16

Card Action Request Type Current Date

Applicant or Card Holder:

First Name Middle Name Last Name Suffix

U.S. Citizen (Y/N) Date of Birth MM/DD/YYYY Personnel Type

SSN Foreign ID Type Foreign ID Number

DOJ Email @usdoj.gov Name of company or parent agency

District / Office Location If other

The applicant is expected to require physical and/or network access to the office for longer than one week.

Name Change:

Processed by USAO? Processed Date

Previous Name New Name

Previous Email @usdoj.gov New Email @usdoj.gov

Lost or Stolen Card:

An Incident Report was completed by the cardholder's DOSM.

The Security Officer Role-holder at the USAO terminated the card in USAccess.

Transfer to Another USAO or DOJ Component:

Leaving From Going To

Terminated Employee / Contractor:

Card Retrieved? Card Destroyed? Removed from PACS?

Requesting Official:

First Name Last Name DOJ Phone #

Position DOJ Email @usdoj.gov

Approving Official: Same as Requesting Official.

First Name Last Name DOJ Phone

Position DOJ Email @usdoj.gov

This applicant meets the requirement for an active JSTARS record or approved waiver per USAP 3-15.010.008. (HSPD-12 PIV Card Life Cycle Management)

Comments